

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/617501</div>	FILING DATE				
							APPLICANT(S)					
<div style="font-size: 1.2em; font-family: cursive;">4-26-04</div>							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 1		* 2		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
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49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	17						TOTAL DEP.					
TOTAL CLAIMS	18						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-76)

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